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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33047

Registrar's No. 4328

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ch Ambulance on way General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 30 years 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kan City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2029 Kansas 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John V Burnham

3. (b) If veteran, name war no

3. (c) Social Security No. Hunk

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary M

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July 21 1906
(Month) (Day) (Year)

8. AGE: Years 38 | Months 3 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Clown 1
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender + Painter

11. Industry or business same

FATHER
12. Name John Burnham
13. Birthplace Clown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Theorosia Merlenee
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mary M. Burnham
(b) Address 2029 Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/44
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Snow - Mayberry
(b) Address 2315 Linwood

19. (a) 10-28-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 26
year 44 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from ___ 19__ to ___ 19__;
that I last saw h___ alive on Deputy Coroner 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fatal Hemorrhage	
Due to Ruptured Esophageal	
Due to Varices	
Other conditions Cirrhosis of Liver	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations 124 b-1
Of autopsy See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. E. Upsher (M. D. or other) MD
Address 23 McCoy Date signed 10/27/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Roy E Snow

Licensed Embalmer No. 2566

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.